

Name of Person Filing Document: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Attorney Bar Number (if applicable): \_\_\_\_\_  
Representing ☐ Self or ☐ Attorney for \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of the Conservatorship of:

Case Number PB: \_\_\_\_\_

### PETITION FOR PERMANENT APPOINTMENT OF CONSERVATOR OF AN ADULT

\_\_\_\_\_  
(Protected Person)

### REQUIRED INFORMATION FROM PETITIONER, UNDER OATH:

**1. INFORMATION ABOUT ME.** I am called the Petitioner:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
My relationship to the person I say needs a conservator is: \_\_\_\_\_

**2. INFORMATION ABOUT THE PERSON I SAY NEEDS A CONSERVATOR.** This person is called the proposed protected person (for a conservatorship):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

**3. PERSONS WHO ARE ENTITLED TO NOTICE** of the court matter under Arizona law 14-5405 for conservators, and to whom I will give notice of this case: (See instructions)

| Name     | Address | Relationship to Person Who I Say Needs a Conservator |
|----------|---------|--|
| A. _____ | _____   | _____  |
| B. _____ | _____   | _____  |
| C. _____ | _____   | _____  |
| D. _____ | _____   | _____  |

4. **ASSETS OF PERSON WHOM I SAY NEEDS CONSERVATOR:** (check one box)
- ☐ The person who needs a conservator has no substantial assets or income. No bond by Petitioner is required;
- ☐ The person who needs a conservator has assets and/or annual income in the approximate amount of \$ \_\_\_\_\_. Explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

5. **PERSON TO BE APPOINTED CONSERVATOR** (complete this only if the person is a different person than Petitioner):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

My relationship to the person I say needs a conservator: \_\_\_\_\_

6. **INFORMATION REGARDING CONSERVATORSHIP.** To the best of my knowledge, (check one box):
- ☐ No Guardian and/or Conservator has been appointed in any other court, and no court proceedings are pending for such appointment; OR
- ☐ Someone has been appointed Guardian and/or Conservator, or court proceedings are pending. Explain who, when, in what court, and if the appointee is guardian or conservator: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

7. **REASONS FOR CONSERVATORSHIP:** The person needs a Conservator because he or she has property which will be wasted or used up unless proper management is provided, and (check one or both boxes that apply):
- ☐ He or she needs funds for his or her support, care and welfare;
- ☐ Funds are needed for the support, care and welfare of those entitled to be supported by the person.

8. **REASONS PERSON CANNOT MANAGE HIS or HER PROPERTY:** (check all that you believe apply):
- |  |   |
|--|---|
| <input type="checkbox"/> Mental illness, mental deficiency, or mental disorder | <input type="checkbox"/> Physical illness or disability |
| <input type="checkbox"/> Chronic use of drugs                                  | <input type="checkbox"/> Chronic intoxication           |
| <input type="checkbox"/> Confinement   | <input type="checkbox"/> Detention by a foreign power;  |
| <input type="checkbox"/> Disappearance.  |   |

9. **APPOINTMENT OF AN ATTORNEY** (You cannot ask the court for conservatorship unless the adult has a lawyer appointed to represent him or her. See the instructions on how to do this.) (Check one box only and fill in the information requested):
- ☐ The person I say is a protected person already has an attorney who will represent the person in court about this conservatorship:

NAME OF ATTORNEY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

OR,

- ☐ The protected person has no attorney to represent him or her in court, and I will contact the Office of Court-Appointed Counsel after I file this paperwork so that a lawyer can be appointed by the court.

- 10. INFORMATION FOR APPOINTMENT OF A PHYSICIAN:** I have the name, address, and telephone number of a physician who will examine the person I say needs protection and whose written report I will file with the court. ☐ Yes or ☐ No.

**REQUIRED STATEMENTS TO THE COURT, UNDER OATH:** (Note: you must check each box as true, and all these statements must be true, or you cannot file this Petition.)

- 14.** ☐ **TRUE** Venue (the court in which you are filing this Petition) is proper in this county because the person who is said to need a conservatorship lives in or is present in this county, or the person to be protected has assets in this county.
- 15.** ☐ **TRUE** The person who is requesting to be the conservator has completed the required document called **Affidavit of Person to be Appointed as Conservator of an Adult** and is filing that Affidavit with this Petition as required by Arizona law, A.R.S. § 14-5106.
- 16.** ☐ **TRUE** I or the person I request to be appointed in Paragraph 5 is a suitable and proper person to act as conservator and is entitled to consideration for appointment under Arizona Law, A.R.S. § 14-5106, 5311, and/or 5410.

**REQUEST TO THE COURT FOR AN ORDER, UNDER OATH:** Petitioner asks the court to do the following:

- 1.** Schedule a hearing to determine if a Conservatorship is appropriate;
- 2.** Appoint a lawyer to represent the person, and appoint a physician and court investigator, if necessary.
- 3.** After Petitioner gives notice of the hearing to all interested persons and to those required by law, hold a hearing to determine if the Court should order a Conservatorship;
- 4.** Make a finding that the person needs protection under law including a conservator;
- 5.** Appoint a Conservator of the proposed protected person;
- 6.** Make any other orders the Court decides are in the best interests of the proposed protected person.

**OATH AND VERIFICATION OF PETITIONER:**

**STATE OF ARIZONA        )**

**County of Maricopa        ) ss.**

I, the Petitioner, being duly sworn and under oath, state that I have read this Petition. All the statements in the Petition are true and correct and complete to the best of my knowledge and belief.

SIGNED: \_\_\_\_\_

Subscribed and sworn to before me this date: \_\_\_\_\_ by \_\_\_\_\_  
(Month/Day/Year)

My Commission Expires:

NOTARY PUBLIC: \_\_\_\_\_